

**City of Greenville
Downpayment Assistance Application**

Date: _____

Applicant: _____

Birth Date: _____

Co-Applicant: _____

Birth Date: _____

Current Address: _____

How Long: _____

Home Telephone: _____

Work Telephone: _____

Household Size: _____

Total in Household

Adults

Children

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Social Security Number</u>
		Head of Household	

EMPLOYMENT:

Applicant's Current Employer: _____

How Long: _____

Applicant's Former Employer: _____

How Long: _____

Co-Applicant's Current Employer: _____

How Long: _____

Co-Applicant's Former Employer: _____

How Long: _____

<u>HOUSEHOLD MONTHLY INCOME</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other</u>
Gross Monthly Wages / Salary			
Retirement			
Social Security / Supplemental Social Security			
Public Assistance (AFDC, Food Stamps)			
Child Support/Alimony			
Interest Dividends			
Other: _____ Part-Time Job, Foster Care, Rental Income, etc.			
TOTAL	\$0.00	\$0.00	\$0.00

<u>HOUSEHOLD MONTHLY EXPENSES</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other</u>
Car Payment(s)			
Credit Card(s)			
Personal Loan(s)			
Other Loan(s) (Student Loans- need letter if deferred)			
Other Payment(s) (Medical Bills)			
Child Support / Alimony			
TOTAL	\$0.00	\$0.00	\$0.00

*If you have no debt, please get a credit reference letter from your cable company, your insurance agent,
telephone company, and utility company.*

<u>HOUSEHOLD LIVING EXPENSES</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Other</u>
Rent			
* Utilities			
* Telephone (Home & Cell)			
* Cable			
Groceries			
Savings Deposit			
Insurance (Car & Life)			
Miscellaneous			
TOTAL	\$0.00	\$0.00	\$0.00

*** PLEASE PROVIDE A COPY OF MOST RECENT BILL.**

City of Greenville Downpayment Assistance Application

I certify that the above information is true to the best of my knowledge. I further authorize the City of Greenville or its agent to make all inquiries deemed necessary to verify all information provided on this application and related material. The undersigned also authorizes the City of Greenville or its agent to answer questions and inquiries from others seeking credit experience information about the applicants.

Date _____

Information Below To Be Completed By Staff:

RECOMMENDATION OF APPLICATION:

Loan Denied:

Approved Amount of Assistance

City 2% No-Interest Loan \$

HOME Grant

\$



Countryside Estates



45-Block Project

Self-Help Partnership

\$

Affordable Housing Committee Chair

Date _____

Community Development Administrator

Date _____

Note: If the amount of assistance is \$10,000 or above the application must be approved by the City Manager.

City Manager

Date _____

NCHFA 20% Loan Pool

North Carolina Housing Finance Agency (NCHFA) approves all applications for the NCHFA 20% Deferred Loan.

Requested loan amount

\$



Countryside Estates Subdivision Only

Loan Package has been submitted to NCHFA for approval.

Planner- Community Development

Date _____